

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029641

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 41

FILED AUG 6 1962

## 1. PLACE OF DEATH

a. COUNTY

STE. GENEVIEVE

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN STE. GENEVIEVE

Length of stay in 1b

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

103 NORTH MAIN STREET

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

MISSOURI STE. GENEVIEVE

c. CITY  
OR TOWN

STE. GENEVIEVE

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

302 SOUTH GABOURI STREET

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

JOSEPH

Middle

FRANK

Last

BADER

4. DATE  
OF DEATH

Month JULY

Day 28,

Year 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-9-1886

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED COLLECTOR

10b. KIND OF BUSINESS OR INDUSTRY

COUNTY COLLECTOR

11. BIRTHPLACE (City and state or country)

BLOOMSDALE, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

JOSEPH BADER

## 13b. MOTHER'S MAIDEN NAME

MARGARET BAYER

## 14. NAME OF DECEASED'S WIFE

EVA L. BADER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address 302 S. GABOURI

MISS BERNETTA BADER, STE. GENEVIEVE, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (b)

ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN  
ONSET AND DEATH  
5 YEARSConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (a)

Cerebral Thrombosis

2 days

DUE TO (c)

Generalized Arteriosclerosis

10 yrs

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

URETERAL STRICTURE

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 5-5-59 to 7-28-62 and last saw him alive on 7-27-62  
Death occurred at 5:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

George F. Wood

## 22b. ADDRESS

Ste Genevieve, Mo

## 22c. DATE SIGNED

7-30-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

7-31-1962

## 23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

## 23d. LOCATION (City, town, or county)

STE. GENEVIEVE,

MISSOURI

## 24. FUNERAL DIRECTOR

## ADDRESS

JEROME H. STANTON, STE. GENEVIEVE, MO.

## 25. DATE RECD. BY LOCAL REG.

30 July 1962

## 26. REGISTRAR'S SIGNATURE

George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

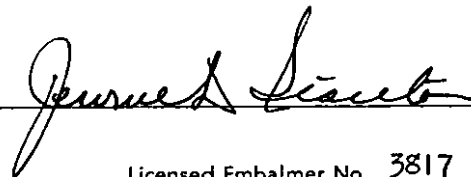
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.